EMBER & OAK
THERAPY
BY AMY INGLIS

CLIENT INFORMATION & CONSENT FORM

Client Details

Name: _____

Date of Birth: _____

Address: _____

_____

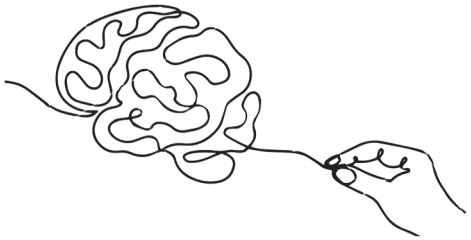
Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone: _____



Thank you for choosing Ember & Oak Therapy.

This document outlines important information about therapy, confidentiality, privacy and your rights as a client. Please read the information carefully and ask any questions before signing.

Therapy

Therapy is a collaborative process designed to support your emotional wellbeing and help you work towards your personal goals. While therapy can be highly beneficial, outcomes vary between individuals and no specific results can be guaranteed.
You are encouraged to actively participate in sessions and discuss any concerns, questions or feedback throughout the therapeutic process.

Confidentiality

Your privacy is extremely important.

Information shared during therapy will remain confidential unless:
- You provide written consent for information to be shared.
- There is concern that you or another person is at immediate risk of serious harm.
- Information is required by law (for example, mandatory reporting obligations, subpoena or court order).
- Information is shared for professional supervision or consultation. Your identifying information will be removed wherever possible.

If confidentiality ever needs to be breached, this will be discussed with you whenever it is safe and appropriate to do so.

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Communication

You are welcome to contact Ember & Oak Therapy by phone or email regarding appointments or administrative matters.

Please note:

- Email and SMS are not suitable for urgent mental health concerns.
- Clinical advice is generally provided during scheduled appointments.
- Messages will be responded to as soon as practical during business hours.
- Ember & Oak Therapy is not a crisis service and does not provide after-hours support.

If you require immediate support, please contact your GP, your local Mental Health Triage Service at South West Healthcare on 1800 808 284, Lifeline (13 11 14), or call 000 if you are in immediate danger.

Telehealth

Where appropriate, appointments may be provided via secure telehealth.

By participating in telehealth sessions, you acknowledge that:

- You have access to a private space.
- You understand there may be occasional technical difficulties.
- Every reasonable effort will be made to maintain your privacy and confidentiality.

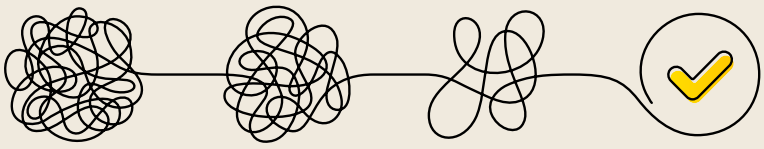
Client Responsibilities

As a client, I understand that I am responsible for:

- Attending appointments on time.
- Providing at least 48 hours' notice if I need to cancel or reschedule.
- Paying applicable fees as outlined in the Fee Agreement.
- Providing accurate and up-to-date personal information.
- Informing my therapist if my contact details change.

Social Media

To protect your privacy and maintain professional boundaries, Ember & Oak Therapy does not accept friend or follow requests on personal social media accounts or engage in therapy via social media messaging.



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Privacy

Ember & Oak Therapy collects personal information necessary to provide safe and effective mental health care.
Your information is securely stored in accordance with Australian privacy legislation and professional standards.
Clinical records are retained in accordance with applicable legal and professional requirements before being securely destroyed.

Consent

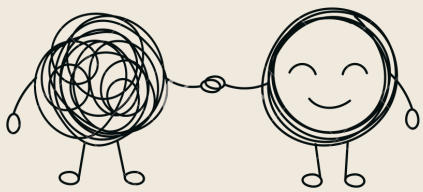
Please read each statement and tick to indicate your agreement.

□ I have read and understood the information provided.
□ I understand the limits of confidentiality.
□ I understand the nature and purpose of therapy.
□ I understand the cancellation policy and fee agreement.
□ I consent to receiving therapy from Ember & Oak Therapy.
□ I consent to communication via email and SMS regarding appointments and administrative matters.
□ I consent to telehealth appointments where appropriate.
□ I have had the opportunity to ask questions and have them answered to my satisfaction.

Optional Consent

Please tick if you consent to the following:

□ My GP may receive relevant treatment updates where clinically appropriate.
□ I consent to communication with other healthcare providers involved in my care where appropriate.
□ I consent to my therapist leaving voicemail messages regarding appointments.
□ I consent to appointment reminders via SMS and/or email.



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Signatures

Client Name: _____

Signature: _____

Date: _____

Therapist: Amy Inglis

Signature: _____

Date: _____

Parent/Guardian Consent (clients under 18)

I confirm that I am the parent/legal guardian of the above client and consent to them receiving counselling services.

Parent/Guardian Name: _____
Relationship: _____
Signature: _____
Date: _____

Thank you for choosing Ember & Oak Therapy.

I appreciate the opportunity to support you and look forward to working together towards your goals. Please remember that therapy is a collaborative process, and your feedback, questions and experiences are always welcome.

Small steps, taken consistently, can lead to meaningful change